

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2004  
Secretary of State**

DOCUMENT# N37846

Entity Name: AMIC-CHRISTIAN INTERNATIONAL MISSIONARY RELIEF, INC.

**Current Principal Place of Business:**

27132 S DIXIE HWY  
NARANJA, FL 33032 US

**New Principal Place of Business:**

831 N.E 8 STREET  
HOMESTEAD, FL 33030 US

**Current Mailing Address:**

27132 S DIXIE HWY  
NARANJA, FL 33032 US

**New Mailing Address:**

831 N.E 8 STREET  
HOMESTEAD, FL 33030 US

FEI Number: 65-0196538      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMIC-CHRISTIAN INT'L MISSIONARY RELIEF  
27132 S DIXIE HWY  
NARANJA, FL 33032 US

**Name and Address of New Registered Agent:**

AMIC-CHRISTIAN INT'L MISSIONARY RELIEF  
831 N.E 8 STREET  
HOMESTEAD, FL 33030 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ 01/13/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: PRADA, JOHNNY  
Address: 7162 W. 17TH COURT  
City-St-Zip: HIALEAH, FL

Title: T ( ) Delete  
Name: ROQUE, SILVINA  
Address: 11940 SW 188TH ST  
City-St-Zip: MIAMI, FL 33177

Title: PD ( ) Delete  
Name: DIAZ, CARLOS  
Address: 22831 SW 123 AVE  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: DIAZ, OMAIDA  
Address: 22831 SW 123 AVE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS DIAZ      PD      01/13/2004  
Electronic Signature of Signing Officer or Director      Date